



**TennCare MTM Pilot Program
Executive Summary
April 15, 2021**

Program Description

TennCare launched a two-year Medication Therapy Management (MTM) pilot program on January 1, 2018 in accordance with TCA 71-5-155. The MTM pilot program is designed to increase integration of pharmacists into the primary care teams of the Tennessee Patient-Centered Medical Home (PCMH) and the Tennessee Health Link (THL) programs. Participating MTM pilot pharmacists, with increased access to both clinical and medication information, will aim to help improve the care provided through medication and disease management to our TennCare members and impact the health outcomes for high clinical risk populations. An additional goal of the program is to evaluate the overall impact of the MTM program on improving health quality for our members while maximizing value of the program. The data gathered from the pilot program will provide an evaluation to determine the impact and sustainability of the pilot.

TennCare consulted multiple resources while developing the pilot program including surveying several state Medicaid programs with existing or retired MTM programs. TennCare also developed a MTM Technical Advisory Group which included key members of the TennCare medical and pharmacy department, clinical pharmacy directors of each contracted Managed Care Organization (MCO), executive staff of the Tennessee Pharmacy Association (TPA), and pharmacists from various practice settings. Feedback was gathered from the group and utilized to help shape the program. Eligible TennCare members for MTM services include those deemed moderate-to-high clinical risk of complex medical outcomes, and members with specific targeted disease states (i.e., juvenile asthmatics and diabetics). Taken together, approximately 20% of members enrolled in the PCMH/THL population at the start of the pilot were estimated to be eligible for MTM participation, and this number is expected to grow as the PCMH/THL enrollment continues to increase over time. As of October 2020, more than 68% of all members enrolled in PCMH/THL are eligible to participate in the MTM program.

Program Status

The MTM start date began on January 1, 2018 and TennCare submitted and developed all program protocols as directed through TCA 71-5-155 in accordance with the timeline. TennCare was also required to submit a CMS 1115 amendment waiver, TennCare Waiver #32 that outlined the MTM pilot design and gave the State formal authority to implement the program. While TennCare submitted its formal waiver for the MTM pilot to the Centers for Medicaid and Medicare Services (CMS) on September 6th, 2017, CMS did not give final federal approval until February 1st, 2018 which resulted in a slight delay.

Once the MTM pilot began, TennCare made a dedicated effort to outreach and engage interested pharmacists and connect them with PCMHs and THLs to support the MTM pilot. TennCare hosted seven outreach events and webinars to help pharmacists partner with a PCMH/THL and learn how to navigate the credentialing process. These events included working with Tennessee Pharmacy Association (TPA), Tennessee Association.

Mental Health Organizations (TAMHO), and Primary Care Transformation (PCT) collaborative events which were held across the three regions of the state. TennCare also hosted multiple “credentialing” webinars to help pharmacists learn how to become credentialed providers. Separate from these more formal events, the TennCare MTM team and MCOs have communicated directly with pharmacists and PCMH/THL organizations to answer questions and help facilitate onboarding.

To date, there are 20 PCMH and THL organizations participating in the MTM pilot program and they each have a collaborative practice agreement with a pharmacist(s). By April 2021, a combined total of 48 unique providers are claims-ready or in the credentialing process across all MCOs.

A PCMH organization has decided to expand their MTM program and have begun the process of credentialing 6 additional pharmacists. Another organization has decided to reactivate their MTM program by retraining their 2 credentialed pharmacists with the new Care Coordination Tool (CCT).

Further, the MTM pilot initiative implemented a series of changes in response to feedback from providers and in an effort to improve the program reach. In January 2020, the MTM pilot program re-sequenced the mandatory Care Coordination Tool (CCT) training between the MCO credentialing process and “go-live” to reduce time and pharmacists onboarding process. The CCT training scheduling has been re-sequenced to after pharmacists have completed and signed a Collaborative Practice Agreement with a PCMH or THL and MCO network contract agreement has been submitted.

The MTM pilot program per month case rates were increased to \$55.00 and \$75.00 on January 1, 2020. The enhanced fee structure was particularly well-received among providers and sparked a renewed interest in the program. In 2020, there were over 6,500 paid claims amounting to a little more than \$390,000 compared to 579 paid claims for a total of \$11,625 in 2019. The pilot saw more than a tenfold increase in its claim submissions, reflecting a much more engaged MTM population and providers.

The program reduced the burden of service documentation by allowing providers to document in the CCT or in their practice Electronic Health Record/Electronic Medical Record platform. In doing so, providers were still required to provide a minimum encounter reference into the TennCare CCT but may document in their EHR/EMR. The pilot program also introduced a “General Encounter” activity as an alternative to the Comprehensive Medication Review on June 1, 2020. This new addition allows the provider to document MTM encounters without the hassle of running multiple information scripts in the CCT.

The MTM pilot program collaborated with its CCT vendor to expand the risk eligibility algorithm to include members who fall into the “Moderate Risk” category. The intent of this update is to capture additional TennCare members who would otherwise fail to qualify for the MTM program. The new Moderate MTM program was launched on July 6, 2020.

Due to the novel Coronavirus pandemic and efforts to reduce face-to-face interactions, the program waived the requirement of an in-person visit for the first MTM encounter beginning April 1, 2020 through tentatively December 31, 2020. In February 2021, the telehealth extension was extended again through June 30, 2021. The MCO issued the appropriate billing and place of service codes for remote MTM encounters. Given the issue of scheduling initial face-to-face interactions, this remote option was positively received among providers and led to a surge in the number of MTM services.

In November 2020, TennCare launched a new Care Coordination Tool platform intended to streamline processes across PCMH, THL, and MTM providers. The new solution was created with input from providers and was positively received for its nimbleness and ability to efficiently summarize and document member

encounter information. Multiple training and touchpoint sessions were offered to providers throughout the past 6 months. TennCare has received positive feedback on the tool and is diligently working on implementing required enhancements.

Overall, TennCare continues to see increasing interest and increasing claims payment to pharmacists who are actively participating in the MTM pilot. TennCare, in collaboration with the contracted MCOs, will continue to provide assistance and outreach to interested pharmacists to increase program onboarding and participation.

Independent Evaluation

The impact of the MTM program on health outcomes and the return on investment must be evaluated to determine the long-term feasibility of the program. The University of Tennessee Health Science Center (UTHSC) was selected to perform an evaluation of the program to measure success and sustainability. The UTHSC evaluation team will also include a cost-benefit evaluation of the MTM pilot program's cost and quality metrics to inform the state's decision on maintaining the MTM program. The UTHSC evaluation team will provide quarterly progress updates throughout the pilot. Additionally, UTHSC has identified opportunities to share the work in Tennessee broadly through academic publication and discussion to highlight the innovation and unique program designs of the MTM pilot. TennCare has attached the initial UTHSC report with this legislative update. As the MTM pilot program continues to grow, the UTHSC evaluation team will have more sufficient data to better evaluate the program's impact in subsequent reports. The UTHSC evaluation is currently in the process of matching non-MTM participants to MTM members throughout 2018 to the second quarter of 2020 in order to analyze the effectiveness of the MTM pilot program.

In April 2021, UTHSC received the final batch of data for all quarters of 2020 required for a complete evaluation of the MTM program. The year 2020 has the most complete datapoints for the MTM program with an adequate amount of claims submission and patient clinical outcomes. The pending analysis will be crucial in determining the overall effectiveness of the MTM pilot program,

Enclosure: TennCare Medication Therapy Management (MTM) Pilot Program Quarterly Report

Executive Summary

Objective:

To provide a comprehensive assessment of the TennCare MTM Pilot Program effectiveness and implementation outcomes

Evaluation plan:

This is a Hybrid Type 2 effectiveness-implementation assessment with a quasi-experimental design and a mixed methods approach to assess both program implementation and effectiveness to address the needs of Medicaid enrollees in Tennessee. The program's clinical effectiveness will be evaluated in parallel with its feasibility and overall utility.

Preliminary results:

Pharmacists credentialed across Amerigroup, BlueCare, and UnitedHealth are about evenly providing MTM services since January 1, 2020. However, there are significantly more providers claims ready with Amerigroup and UnitedHealth than BlueCare. From 2019 to August 2020, 4,038 claims have been paid for a total disbursement of \$237,149. Nearly all services have been billed for critical/high risk or medium-high risk claims. Amerigroup remains the sole managed care organization providing billed pediatric asthma and/or diabetes MTM services.

Overall positive perceptions of MTM Pilot Project feasibility and acceptability were found. Providers and administrators perceived that their organizations were receptive to the Pilot and pharmacist-provided patient care. Pharmacists expressed high internal motivation to engage in the pilot. Many institutions were larger organizations which currently use pharmacists as members of their healthcare team, and this program was seen as a natural extension to those services already offered. For those organizations without a pharmacist on the care team, this program was perceived as a means to better care for their patient population and the patient care benefits were self-evident.

TennCare Medication Therapy Management (MTM) Pilot Program Quarterly
Report

Version 4.0

November 4, 2020



THE UNIVERSITY OF
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I. Program Overview

The Tennessee Health Care Innovation Initiative is an effort by TennCare to move toward a value-based healthcare system that rewards quality of care over the quantity of services provided. A key component of this initiative includes a focus on primary care transformation, which incorporates, among other things, a focus on care coordination through expanding the patient-centered medical home (PCMH) model and providing behavioral health needs for TennCare members through Tennessee Health Link. Pharmacists are an integral part of providing fully patient-centered care for members with particular healthcare needs and their integration with the PCMH model is being investigated by the TennCare Medication Therapy Management (MTM) pilot. The remainder of this document provides a high-level overview of TennCare members that received MTM services in two distinct periods: 1) the initial recruitment period (July 1, 2018-December 31, 2019); and 2) a newly-designated follow-up period (January 1, 2020-June 30, 2020). Due to the nature of required follow-up data for analysis, this report highlights characteristics and health resource utilization within these cohorts prior to their members' participation in the pilot program.

Using TennCare claims, the study team identified the final round of members that received MTM services by credentialed pharmacists in Tennessee through the end of 2019 as well as those receiving such services in the first half of 2020. Using the first date of a paid MTM claim (CPT=99605 or 99606) and verifying enrollment over the requisite observation window (1 year prior to the initial MTM), a total of 500 unique members were identified in the original recruitment period and 852 in the new cohort (those with an initial MTM after the reimbursement change). The data provided herein focus only on those who met these initial broad criteria; a subsequent report will subgroup members meeting more stringent criteria: 1) at least one billed MTM session between July 1, 2018 and December 31, 2019 (original) or January 1, 2020 and June 30, 2020 (new); 2) diagnosis of at least one of four conditions (asthma, diabetes, depression, and/or schizophrenia); and 3) at least one fill for an approved medication to treat a target diagnosed condition. Additional subgroups or criteria will be discussed with TennCare to determine any other groups of interest.

II. Initial Program Participants

In the original cohort and among those meeting the broader criteria, \$10,140 was paid on initial MTM claims through the end of December 2019, with a mean cost of \$20.28 (SD: 4.99). Bluecare was the most frequently listed managed care organization (MCO), which is a difference from earlier assessments of MCO data; Amerigroup (previous dominant MCO) was only slightly behind.

In the new cohort and among those meeting the broader criteria, \$55,636 was paid on the initial MTM claims through June 30, 2020, which represents spend after the reimbursement change (mean: 65.30; SD: 11.12). UnitedHealthcare reported the most claims in this period, followed by Amerigroup, with Bluecare falling off considerably.

The cohort is mostly Black and largely female, but the racial distribution shifted slightly with the new cohort. Similarly, while the original cohort was generally older (~1/3 under the age of 35) the new cohort is noticeably younger with only ¼ of members aged 35 and older. Additionally, while the vast majority of members in the original cohort qualified for the pilot by being within the Tennessee Health Link (THL) care coordination program, that has radically shifted since the beginning of 2020. This would indicate that mental health services were the principal focus on MTMs through 2019 but have adjusted after the reimbursement rates changed. This is likely due to THL adopting the MTM concept earlier- despite the program being open to both PCMH and THL members,

and eventual uptake of the program by members within PCMH models with other target conditions. The characteristics of all members that met analytical eligibility for both cohorts appear in Table 1.

Table 1. Baseline MTM Program Demographics by Cohort

Patient Demographics	Count (%)		Program Characteristics	Count (%)	
	Original N=500	New N=852		Original N=500	New N=852
Age			Baseline Flag*		
Mean (SD)	41.9 (16.0)	27.8 (17.7)	Asthma	103 (20.6)	81 (9.5)
<11	18 (3.6)	157 (18.4)	Diabetes	146 (29.2)	80 (9.4)
11-14	23 (4.6)	139 (16.3)	Baseline Diagnosis**		
15-18	18 (3.6)	102 (12.0)	Asthma	55 (11.0)	78 (9.2)
19-24	28 (5.6)	51 (6.0)	Diabetes	111 (22.2)	131 (15.4)
25-34	78 (15.7)	105 (12.3)	Depression	121 (24.2)	120 (14.1)
35-44	98 (19.7)	116 (13.6)	Schizophrenia	174 (34.8)	84 (9.9)
45-54	91 (18.3)	85 (10.0)	Risk Category***		
55-64	143 (28.8)	0 (0)	Low	4 (0.8)	13 (1.5)
Race/Ethnicity			Moderate	40 (8.0)	89 (10.5)
White (non-Hispanic)	80 (16.0)	215 (25.2)	Medium-High	216 (43.2)	329 (38.6)
Black	157 (31.4)	84 (9.9)	High	155 (31.0)	246 (28.9)
Black (non-Hispanic)	119 (23.8)	257 (30.2)	Critical	85 (17.0)	175 (20.5)
Asian/Pacific Islander	2 (0.4)	4 (0.5)	Program		
Hispanic	4 (0.8)	13 (1.5)	PCMH	116 (23.2)	566 (66.4)
Other	100 (20.0)	127 (14.9)	PCMH/THL	138 (27.6)	161 (18.9)
Not provided	38 (7.6)	151 (17.7)	THL	246 (49.2)	125 (14.7)
Gender			Modifier		
Male	197 (39.4)	343 (40.3)	U1	2 (0.4)	9 (1.1)
Female	303 (60.6)	509 (59.7)	U2	233 (46.6)	373 (43.7)
Managed Care Organization			U3	265 (53.0)	470 (55.2)
Amerigroup	187 (37.4)	292 (34.3)			
Bluecare	196 (39.2)	154 (18.1)			
UnitedHealthcare	107 (21.4)	385 (45.2)			
Other	10 (2.0)	21 (2.5)			

* Condition categories provided by TennCare claims

** Identified using diagnosis codes in claims filed to initial MTM

*** Risk category is subject to change throughout the year.

Values may not sum to 100% due to missing information

III. Baseline Participant Data

Data on members completing an MTM by the end of December 2019 (original) or June 2020 (new) and meeting analytical eligibility were identified from claims and described for the one-year period prior to the initial MTM session (Table 2). Outpatient visits were limited to those listed as either “mental health”, “outpatient”, or “CMS 1500” claims to provide an initial snapshot of visit costs (laboratory and transportation costs will be included in later assessments). There appears to be somewhat less medication use (not to be interpreted as nonadherent, at this point) among the new cohort, which may be a reflection of its younger distribution or its lower proportion of certain chronic diseases.

Table 2. Health Resource Utilization and Costs

Resource (N)	Baseline Use			Baseline Costs		
	Count	Mean (SD)	Median (IQR)	Total	Mean (SD)	Median (IQR)
Outpatient Services						
Original (493)	16898	34.6 (47.11)	19 (6-42)	2774736	5686 (8375.92)	2994 (1521.17-6208.38)
New (753)	11820	15.7 (19.81)	10 (5-19)	1223275	1625 (3373.52)	613 (228.28-1601.64)
Inpatient Services						
Original (116)	240	2.1 (1.98)	1 (1-2)	1465227	12631 (12895.06)	8438 (5224.00-14225.00)
New (52)	85	1.6 (1.50)	1 (1-1)	787560	15145 (26491.84)	6837 (3513.54-16032.50)
Pharmacy						
Original (472)	22039	46.7 (37.93)	38 (19-66)	3546474	7514 (22410.12)	1585 (401.31-6769.12)
New (648)	10145	15.7 (17.34)	8 (3-23)	1348656	2081 (5558.84)	209 (52.82-1110.65)

Note: all resources/costs are all-cause unless otherwise noted

*Distribution represents those with at least one visit

IV. Implementation Assessment

Early stage implementation data collection has concluded. Analysis was carried out on surveys (n=18) and semi-structured interviews (n = 8) from pharmacists and administrators. Thematic analysis assessed the qualitative data and the quantitative data were analyzed using descriptive statistics.

Preliminary findings suggest participants agreed that MTM was an acceptable ($\mu=16.22$, $SD=0.28$), appropriate ($\mu=15.33$, $SD=0.03$), and feasible ($\mu=14.72$, $SD=0.46$) intervention (highest possible score being 20 points for all three measures). The item with the lowest score was, “The TennCare Pilot seems easy to implement” ($\mu= 3.00$, $SD = 1.37$) (highest possible score being 5 points). Interview themes were consistent with survey findings, suggesting that participants felt MTM was appropriate and acceptable to pharmacy staff and patients but that implementation was complex and more difficult to implement for organizations that had not been embedded in a patient-centered medical home previously. Specific barriers to implementation included duplicate documentation in the patients’ health record and within the MTM care coordination tool, scheduling initial face-to-face MTM appointments, administrative support, relative organizational priority, and workflow integration.

Middle stage implementation data collection was planned to begin in summer 2020. Semi-structured interviews and online surveys will be conducted using an interview guide based on the Consolidated Framework for Implementation Research (CFIR). Early and middle stage implementation results will be compared, and general contextual factors (barriers and facilitators) of ongoing pilot implementation will be analyzed.

V. Next Steps

In the subsequent report (January 2021), TennCare can expect to see the subgroups requested (pending finalized definitions) that will also detail those with medications indicated for target conditions. Matching of the cohorts described with those eligible for but lacking evidence of an MTM visit between July 2018 and December 2019 (original) and between January 2020 and June 2020 (new) will proceed, which will require multiple matches based on medication use. These data will provide TennCare with a snapshot of statistically similar members who did not receive counseling, which may point to future opportunities for program emphasis.